

CERTIFICATE OF DEATH STATE OF CALIFORNIA

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	
Frederick		Walter	
1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
Bauman		July 26, 1987	
3. SEX		7. AGE	
Male		69	
4. RACE/ETHNICITY		IF UNDER 1 YEAR	
White		MONTHS	
5. SPANISH/HISPANIC		IF UNDER 24 HOURS	
NO		HOURS	
6. DATE OF BIRTH		MINUTES	
January 12, 1918			
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Pennsylvania		Elizabeth Schneider**Germany	
9. NAME AND BIRTHPLACE OF FATHER		11A. CITIZEN OF WHAT COUNTRY	
John Bauman**Germany		U.S.A.	
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER	
19 NA TO 19 NA		167-07-1674	
13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME	
Married		Lyda M. Demmel	
15. PRIMARY OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
Machinist/Foreman		Miller Dial & Nameplate Co.	
16. NUMBER OF YEARS THIS OCCUPATION		18. KIND OF INDUSTRY OR BUSINESS	
23 years		Metal & Plastics	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.	
5035 Elrovia Avenue		El Monte	
19D. COUNTY		19E. STATE	
Los Angeles		California	
21A. PLACE OF DEATH		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
San Gabriel Valley Medical Center		Lyda M. Bauman**Wife	
21B. CITY OR TOWN		5035 Elrovia Avenue	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		El Monte, California 91732	
21D. CITY OR TOWN			
218 S. Santa Anita Avenue			
21E. CITY OR TOWN			
San Gabriel			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?	
(A) Cardiopulmonary arrest		No	
(B) Severe Myocardial Ischemia		25. WAS BIOPSY PERFORMED?	
(C) Peptic Ulcer		No	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		26. WAS AUTOPSY PERFORMED?	
GI Bleeding; Septicemia		No	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		No	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
7-9-87		7-28-87	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS		A42536	
Dr. Kirit Shah, MD 909 S. Santa Anita Ave. Arcadia, Calif			
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
32B. HOUR			
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
35C. DATE SIGNED			
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	
Burial		July 29, 1987	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Forest Lawn Memorial Park Covina, Calif		4281 Henry Petrelin	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	
Pierce Brothers Schanel-El Monte		F 444	
41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
Richard S. Nisegang		JUL 28 1987	
STATE REGISTRAR			

THIS IS A TRUE CERTIFIED COPY OF THE
FILED IN THE COUNTY OF LOS ANGELES
OF HEALTH SERVICES IF IT BEARS THIS
PURPLE INK.



JUL 28 1987

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Director of Health Services

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lyda Bauman the 18th day
of Aug. A.D., 19 93 at 2:10 o'clock PM. and duly recorded in Vol. M93
of Deeds on Page 20635.

Evelyn Biehn County Clerk
By Richard S. Nisegang

FEE \$10.00

Return: Lyda Bauman, 1441 Paso Real #203, Rowland Heights, Ca. 91748